A system for Rapid Analysis of Transactional Insurance Data to identify Trends in Cost of Work-Related Injuries

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Nature of Insurance Data and Utility of Data Cubes

Insurance data are stored in multiple independent tables and contain one or more outcome variables (facts) of interest, such as financial transactions related to medical costs, indemnity costs and frequency of specific diagnosis or procedures. Analysis can be ponderous, if these facts have to be stratified by various dimensions such as employer, date of accident, diagnosis (ICD-9 groups), service provider, services rendered (CPT codes), location (of patient, injury, or provider) etc. as they are stored in many different tables that do not have easy linkage. One way to rapidly analyze such data is to pre-aggregate an outcome variable (fact) across various dimensions (variables that we want to compare), creating a multidimensional 'data cube'. Therefore, each cube has dimensions that are distinct and chosen for the ability to influence decision making. A single cube may contain one or more facts based on feasibility of pre-aggregation by various dimensions.

What is needed for analysis of large multidimensional cubes?

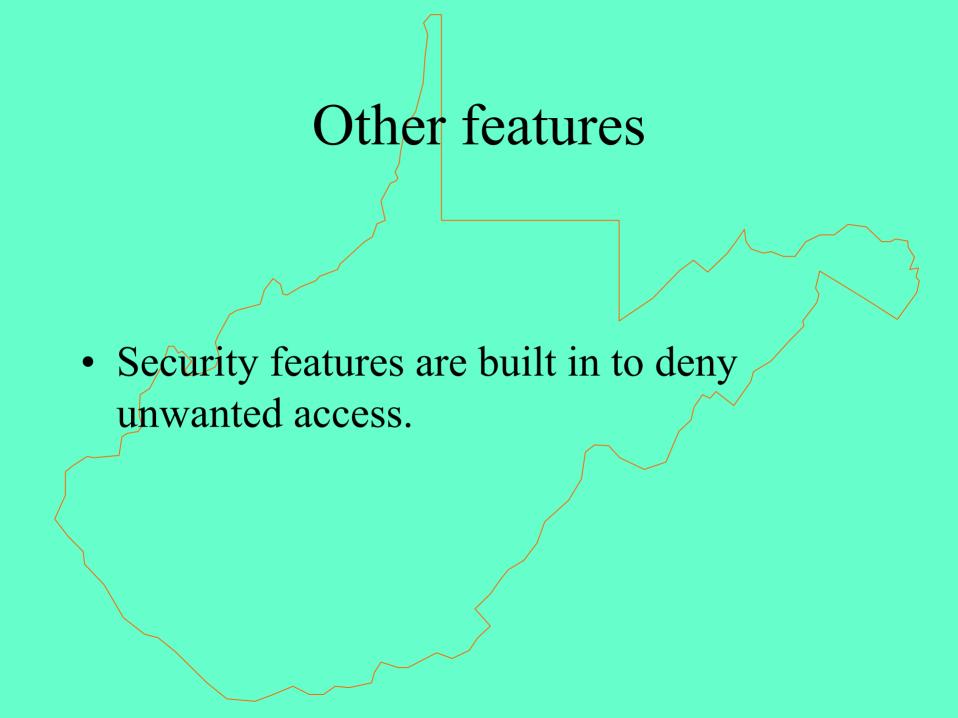
- For rapid analysis of large datasets, we need specific software or a database <u>frontend</u>.
- A database frontend presents the data in a way that the user can/understand.
- It is intuitive
 - It has a friendly user interface.
 - It requires no database knowledge to use.
 - It allows the users to explore data easily.

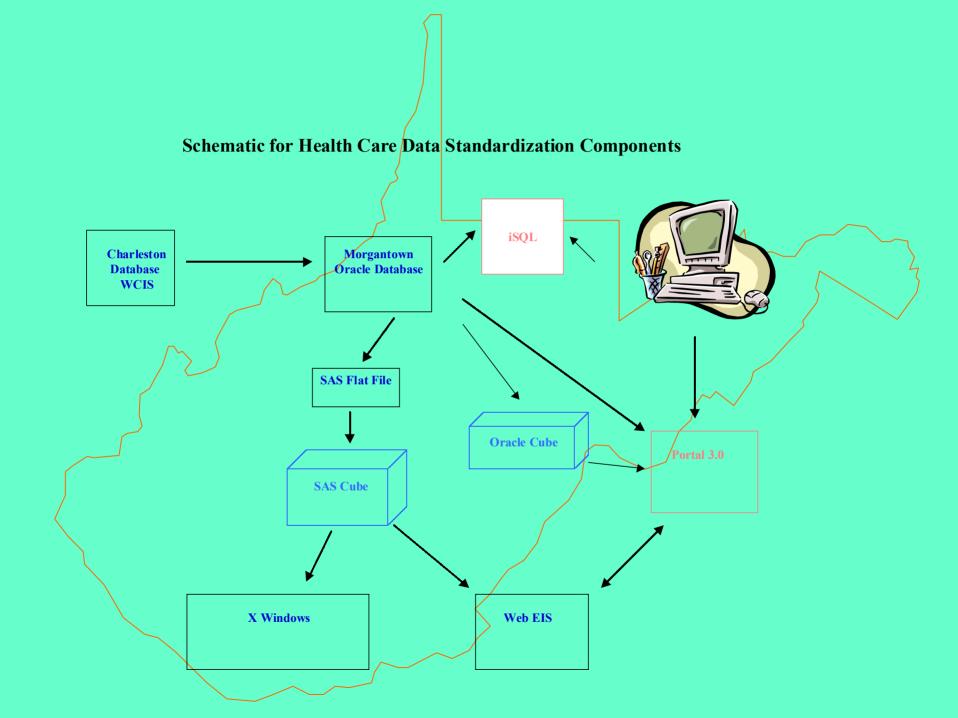
What is Web-based executive information system (WebEIS)?

- WebEIS is a web-based <u>frontend</u> that can rapidly analyze multidimensional data cubes.
- The WebEIS used in this presentation was developed by SAS Institute.
- As the name suggests, WebEIS is web based and requires only a web browser.

Why web based?

- Requires no special software to run
 - No hassle of setting up and maintaining software
 - Little training needed for the users
- Provides easy access
 - Users can logon anywhere through the Internet.
 - It is as easy to load as a web page.
 - Users have indirect access to the server machine, making it more secure.

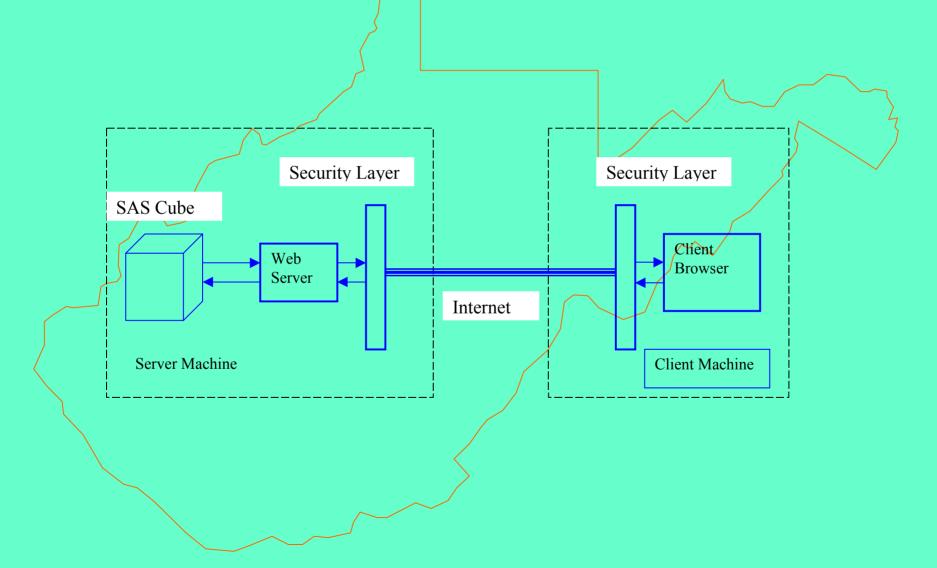




West Virginia Workers' Compensation Data System Let us suppose that the claim managers want to know the average cost of physical therapy (A) for back injuries (B) of 1999 (C) and want to know the location of accident (D) and type of providers (B) A. Medical Bill Detail **Every Medical** B. Medical Bill C. Claim table Transaction D. Accident table Summary Unique ID- Claim Is captured <u>Unique ID</u> Unique ID-" Bill number Unique ID-" Bill control Claimnumber control number" many claim related Number" + 5 million record Claim number Information available No Claim number available approx. 1.5 million records **Available** 12 million records Approx. 30 million records This table has D. This table has all medical costs Various Exposure diagnosis codes and associated with claim information associated with procedure codes characteristics and accident each claim including medications and accident location and providers date

For the above question we need to merge A+B+C+D

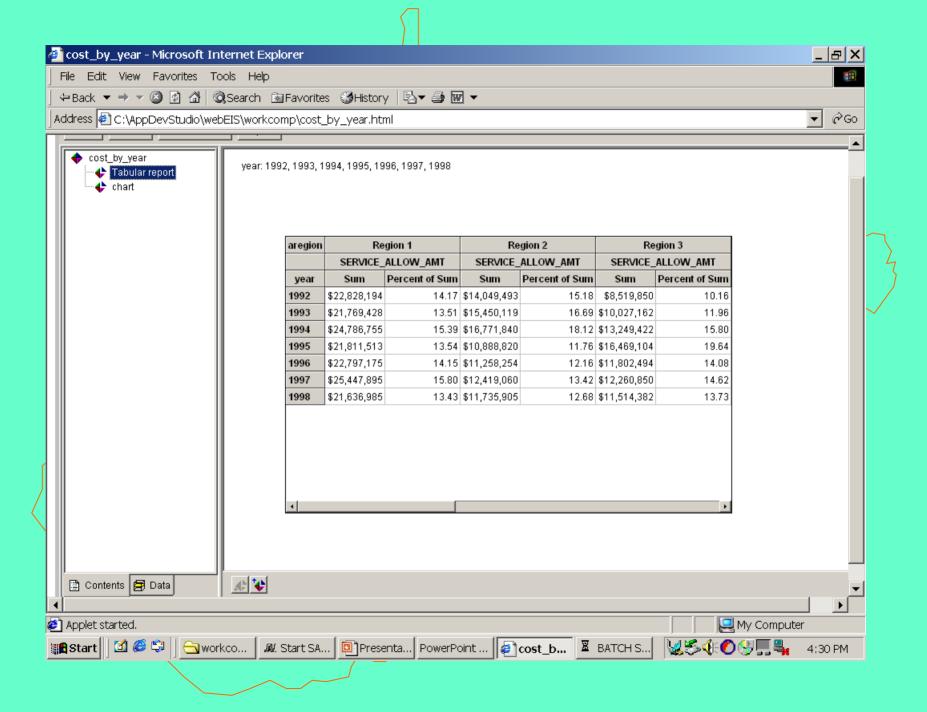
How does it work?

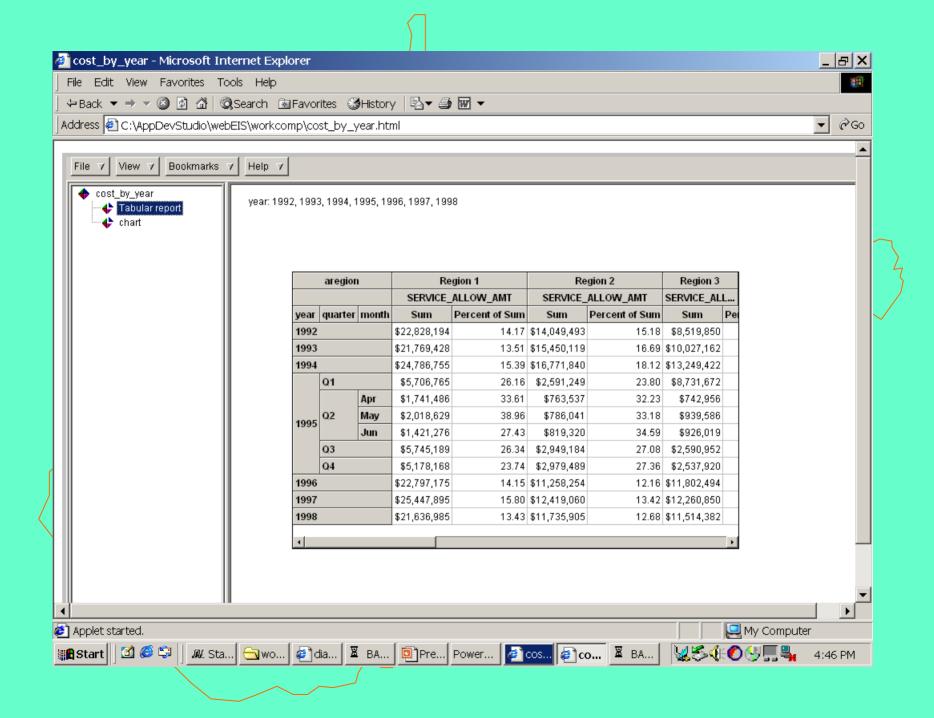


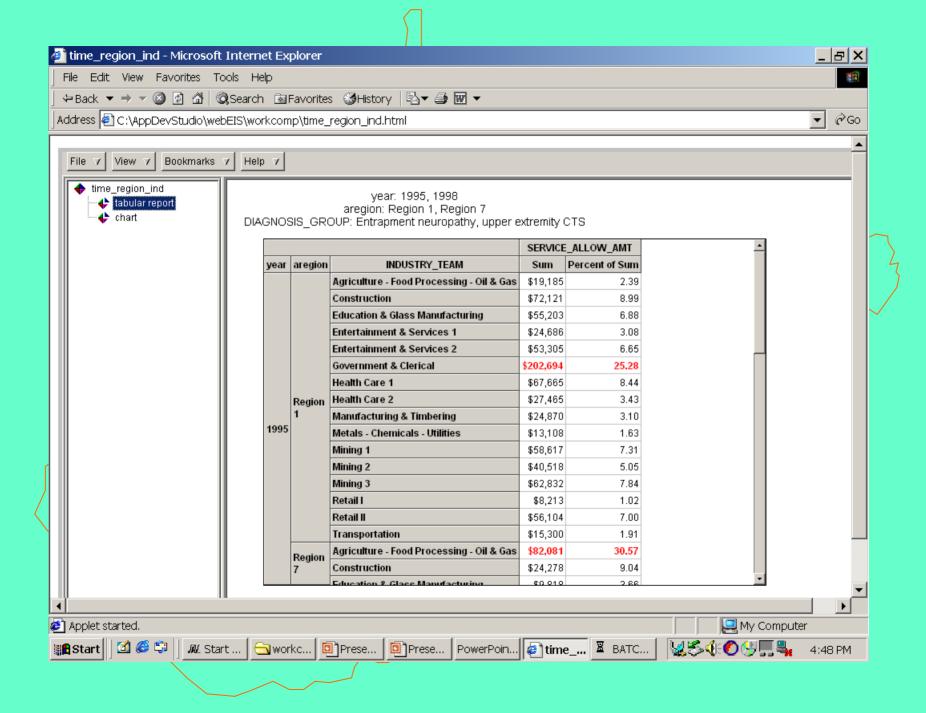
Data Visualization

• WebEIS can organize aggregated data into tabular report or charts. To produce a table, users only need to drag and drop variables on the rows or columns of the table. To produce a chart, they drag and drop variables on the x-axis and y-axis.

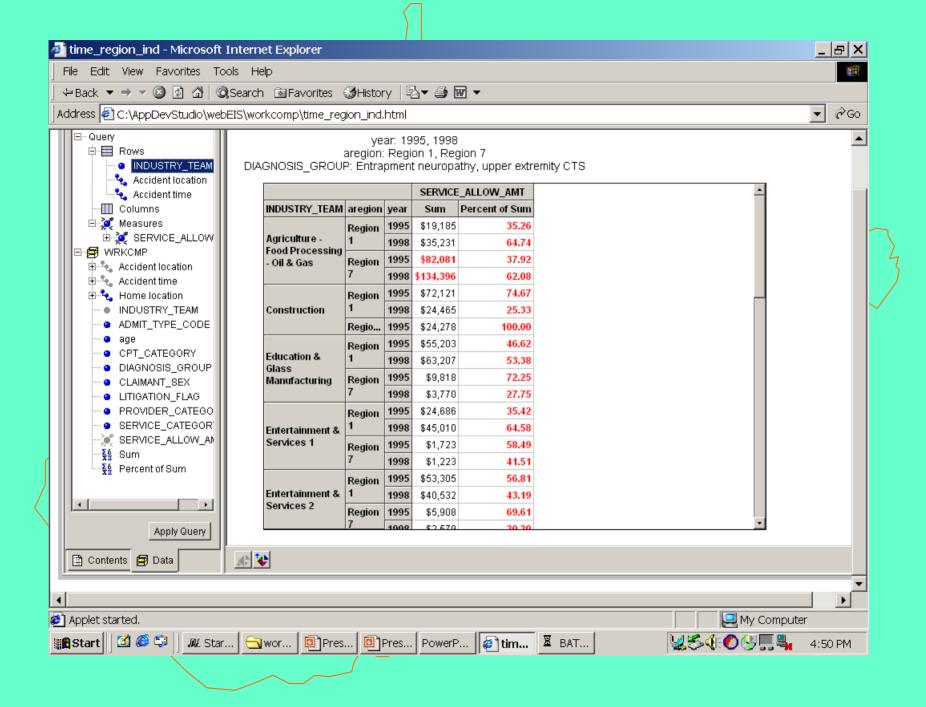
• Let's look at this <u>example</u>.



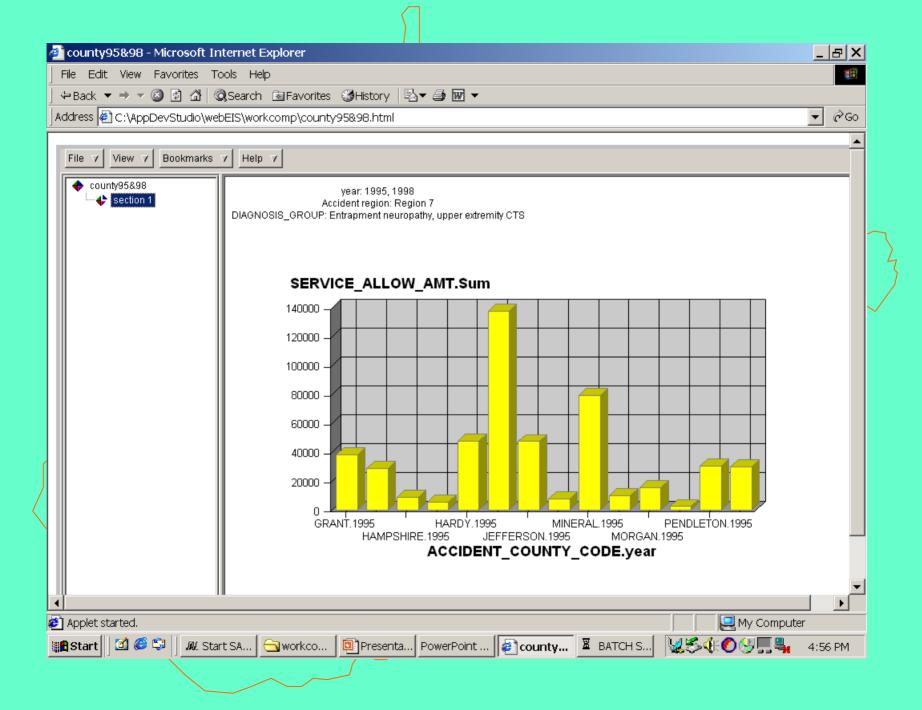




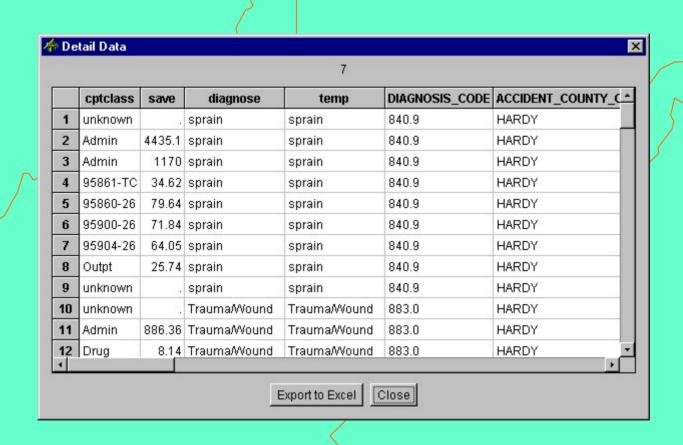
• Data can be sliced and diced with multiple dimensions, and dimensions can be "pivoted" (re-arranged) to organize data in different ways, illustrated by this example that looks at costs for one of our 21 diagnoses groups, nerve entrapment syndrome. We will look at the costs for this condition as a function of industry groups in two economic regions for two different years. Note that a feature, such as high cost, can be highlighted.



• In the previous slide, we saw in Region 7 cost is mainly from agricuture and food processing industry. We can "drill down" to investigate further.



Detail data for region 7



 Hardy County 1995 Summary for Entrapment Neuropathy cases

 Unique Policy Num
 Subtotal
 Percentage

 89002222
 \$121
 0.25%

 69000212
 \$1,538
 3.21%

 60000166
 \$1,942
 4.05%

 54000172
 \$15,001
 31.28%

 44000058
 \$29,361
 61.22%

Hardy County 1998 Summary for Entrapment Neuropath								
Unique Policy Num	Frequency	Subtotal	Percentage					
80002486	4	\$107	0.08%					
80001075	6	\$378	0,27%					
54000172	368	\$28,813	2 0.96%					
44000058	1434	\$108,200	78.69%					

Mineral County 199	5 Summar	y for Entrapr	ment Neuropa	athy Cases
Unique Policy Num	Subtotal	Percentage		
89002534	1722.89	2.17%		
86002134	6685.1	8.43%		
78001931	2889.84	3.65%		
74001336	119.96	0.15%		
72000188⁄	11276.33	14.22%		
68000178	6023.31	7.60%		
55000129	1833.5	2.31%		
54000172	7606.5	9.60%		
44000058	38599.43	48.69%		
20000029	2518.2	3.18%		

Mineral County 1998 Summary for Entrapment Neuro
Unique Policy Num Subtotal Percentage
77000279 \$3,357 33.48%
55000129 \$4,139 41.28%
38000089 \$2,531 25.24%

Screenshot of WebEIS demo page



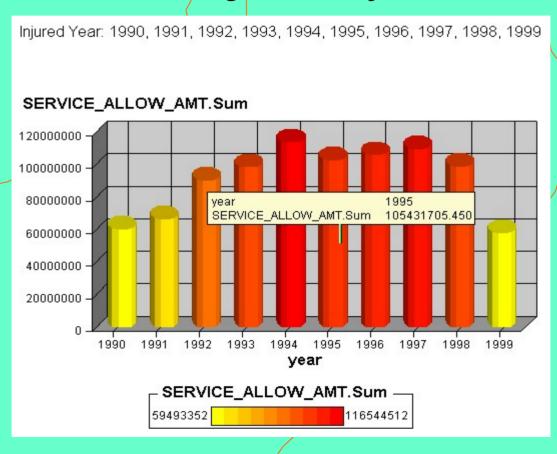
Worker's Compensation WebEIS Demo Page

The web based frontend to the WORKCOMP data warehouse is demonstrated in this page. A list of sample reports are listed below. They are built using SAS webEIS. No special software is required to view the reports but you may need to download Java Plug-in. You will also need a username and password because only authorized users are allowed to view the report.

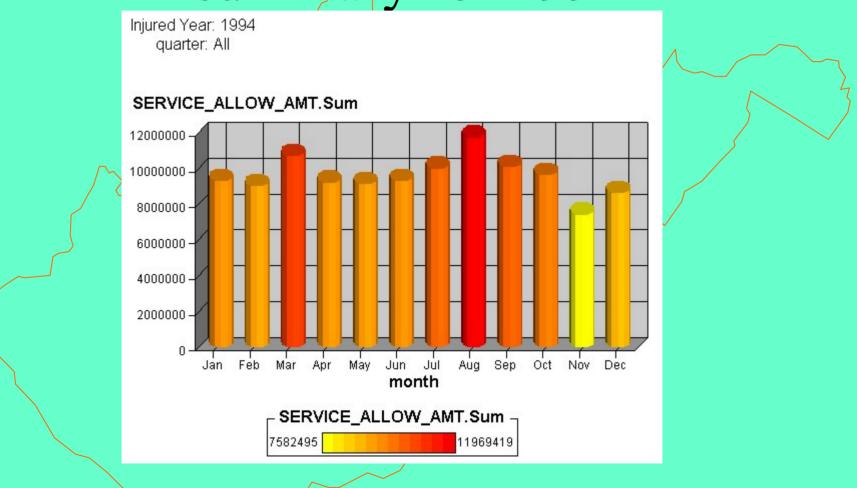
Click on a link below to view the report.

- . Amount by time report
- Amount by accident location and time report
- Amount by accident location report
- Amount by home location report
- Amount by age report
- Amount by specialty code report
- Amount by service code report

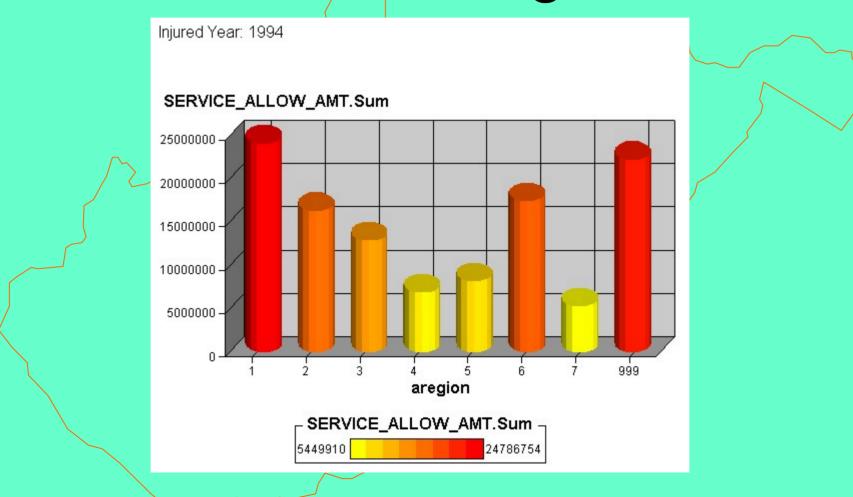
Bar chart showing total payments for injured year



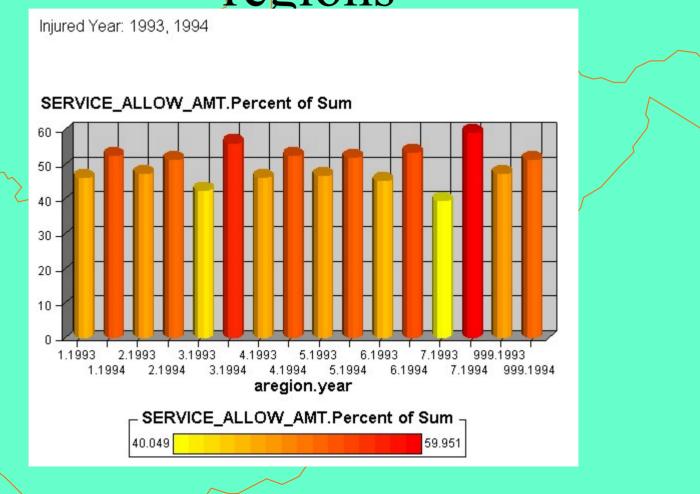
Bar chart showing monthly summary for 1994



Bar chart showing total payment for different regions

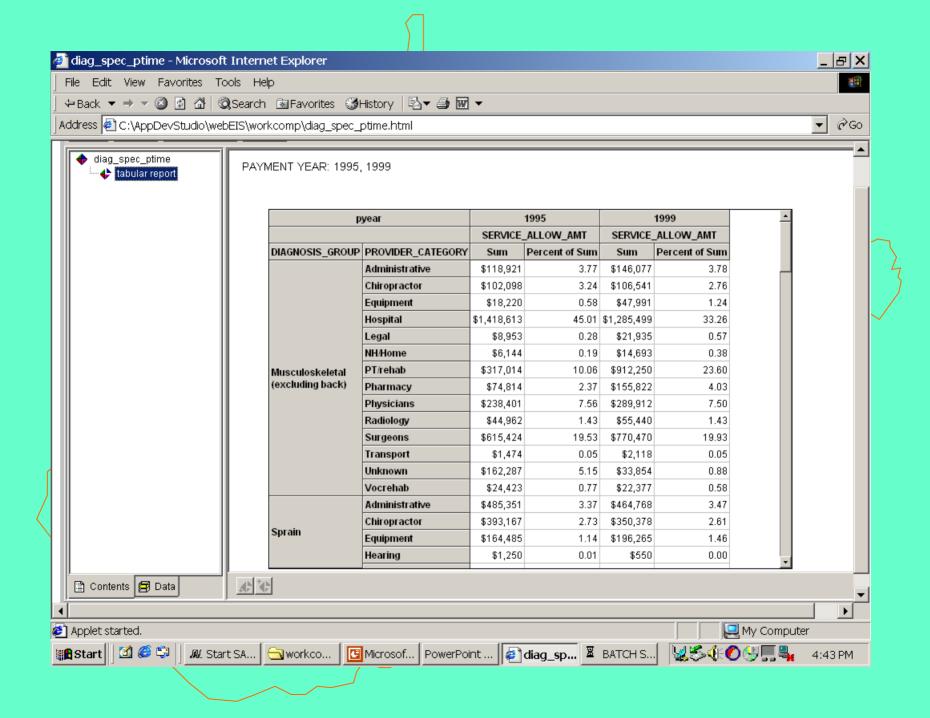


Year by year comparison for the regions



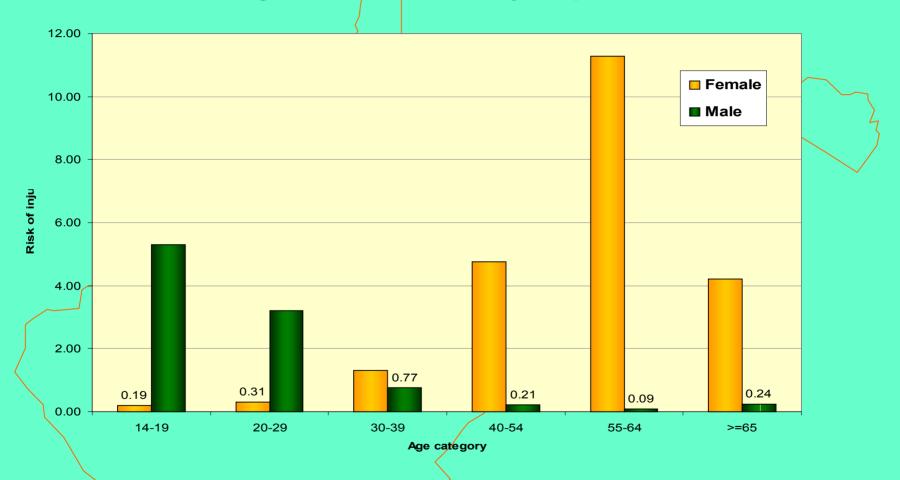
• The previous slides are based upon injury year. We can also look at the data by payment year:

- Example



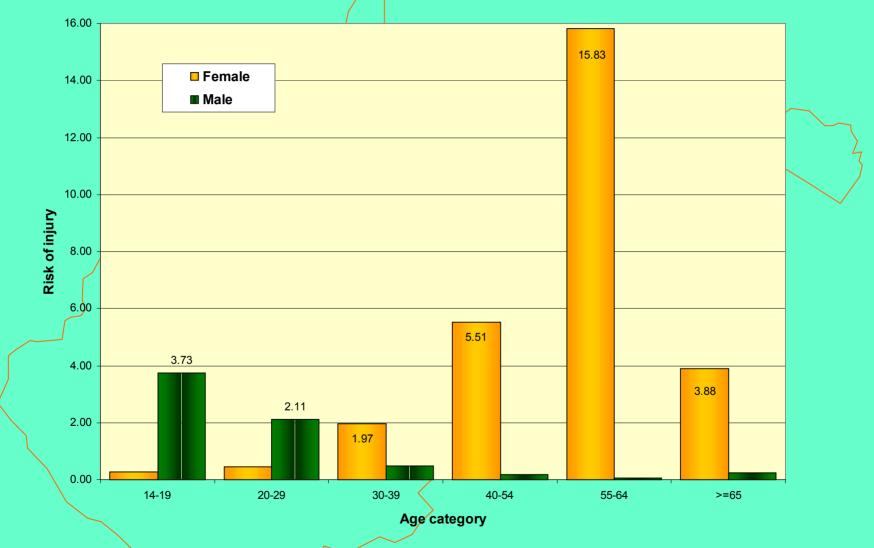
- To investigate further, we just click on the "Export" button and this will download a comma delimited file for the specific strata which can be read by SAS.
- In SAS, simple analysis can be done to further identify the reasons for anomaly. However, this will require training and experience in using SAS.
- Many questions raised by rating and financial offices will need initial simple SAS analysis. Therefore, training of WC staff on SAS will be extremely useful for further utilization of WebEIS system.

Gender specific *relative risk of injury by age category among cooks over a four-year period



^{*} Risk is based on Proportional Incidence ratios (PIR) relative to the other gender

Gender specific *relative risk of burn injury by age category among cooks over a four-year period



^{*} Risk is based on Proportional Incidence ratios (PIR) relative to the other gender

Distribution of total medical costs for 1995 accident year fracture cases over time

Period of	# unique	Average per	Median per	Total cost (\$)	Year to year
payment	claims	case cost (\$)	case cost (\$)		change in total
					payment
January 1,	2,140	2,098	476	4,489,006	
1995 to					
December 31, 1995					<i>></i> .
January 1,	1,948	2,326	440	4,531,699	1%
1996 to /					
December 31,					\sim /
1996					~
January 1,	733	1,779	353	1,303,753	↓71%
1997 to					
December 31,					
1997					
√anuary 1,	361	1,607	481	580,260	↓55%
√1998 to					
December 31,					
1998					
January 1,	224	1,486	505	332,768	↓43%
1999 to					
December 31,					
1999					

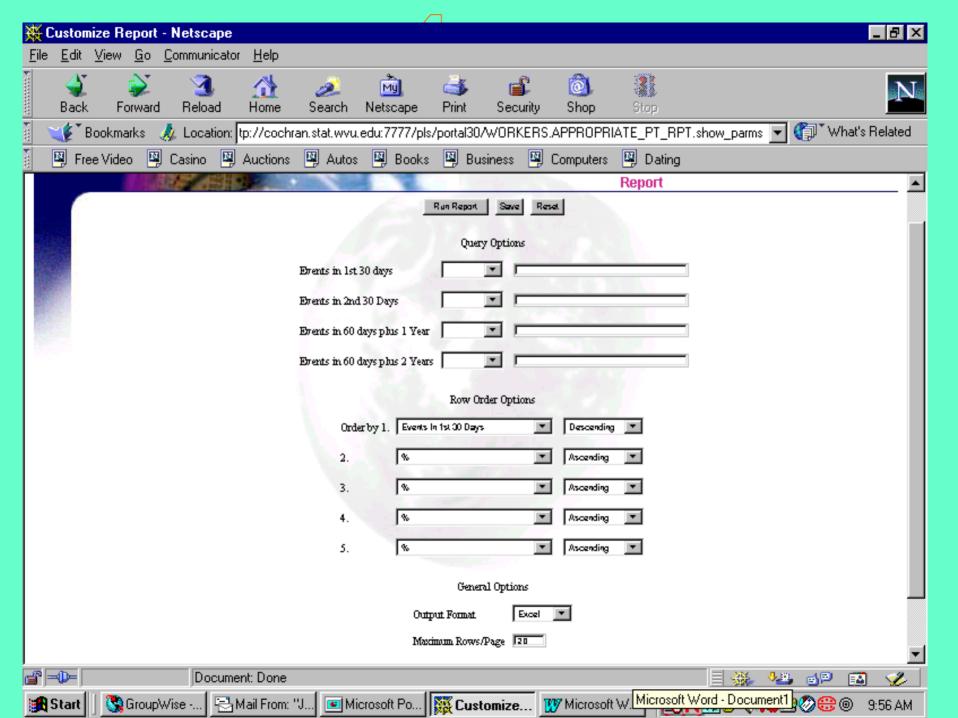
Distribution of total medical costs for 1995 accident year back injury cases over time

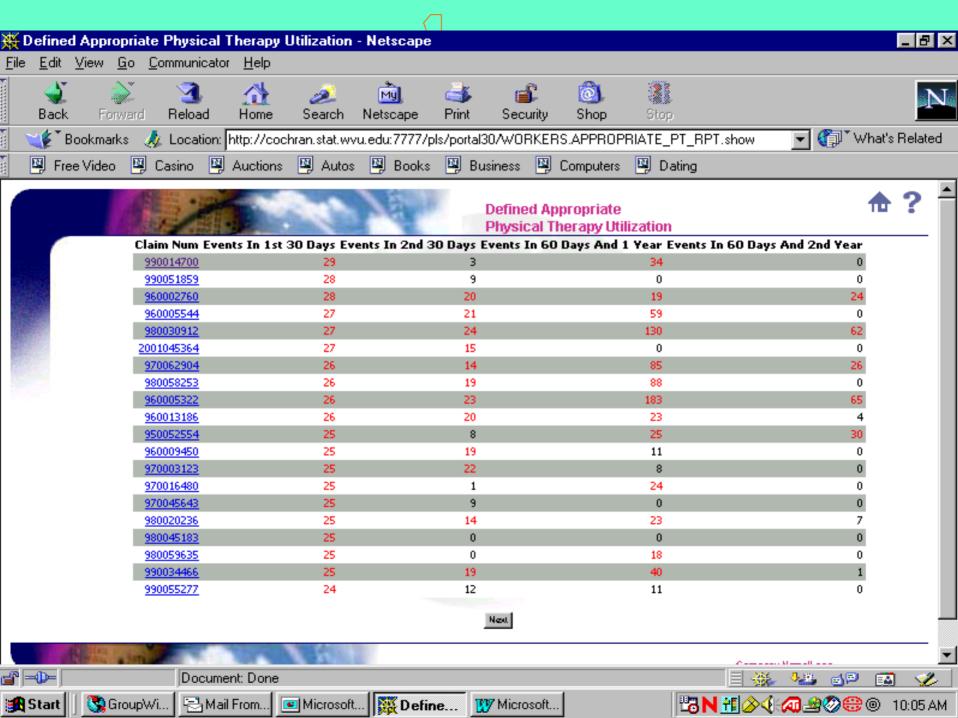
Period of payment	# unique claims	Average per case cost (\$)	Median per case cost (\$)	Total cost (\$)	Year to year change in total payment
January 1, 1995 to December 31, 1995	8,298	1,109	384	9,201,359	
January 1, 1996 to December 31, 1996	7,364	1830	404	13,475,862	146%
January 1, 1997 to December 31, 1997	3,182	2,314	605	7,363,787	↓45%
January 1, 1998 to December 31, 1998	1,923	2,558	776	4,918,258	√33 %
January 1, 1999 to December 31, 1999	1,408	2,485	832	3,489,244	↓29%

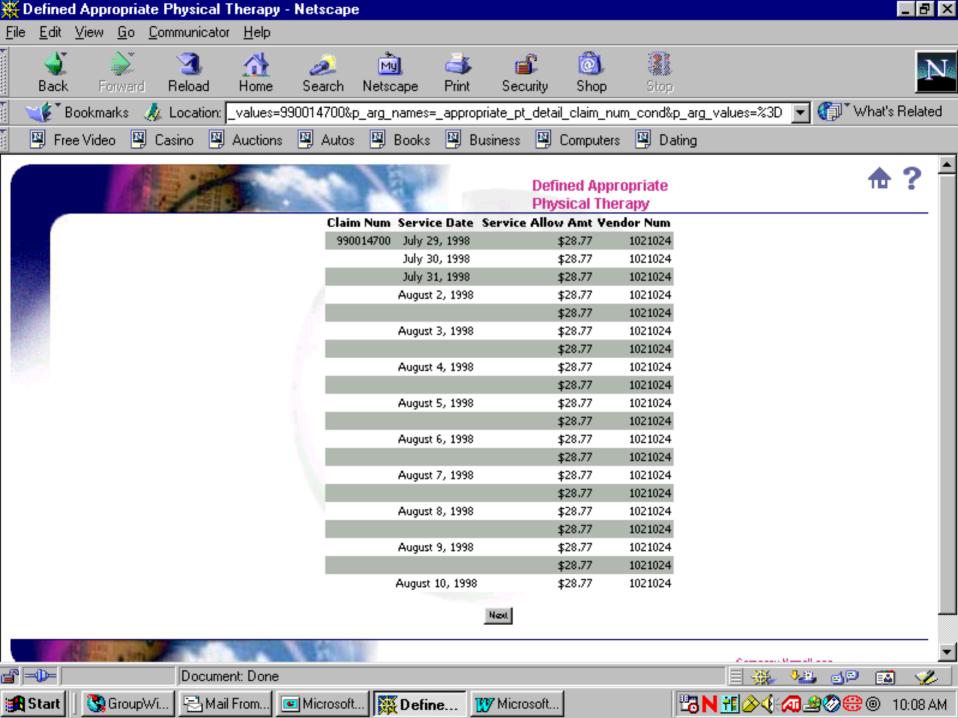
Physical Therapy Utilization Reports

These reports contain counts of events defined by payments made for both defined appropriate and inappropriate physical therapy treatments as identified by cpt codes in the existing treatment guidelines. Both reports contain counts of physical therapy treatment events during the first 30 days, the second 30 days, the first year after the initial 60 days and the second year after the initial 60 days.

Each report also provides the opportunity to view the detail payments for each claim number.







Conclusions

Acknowledging both the limitations and complexity of large insurance data sets, we still see several important Public Health uses:

- 1. Surveillance for injury and Illness outbreaks- Creation of data cubes containing preaggregated facts or outcomes makes it feasible to use large inefficient insurance data in Public Health Surveillance.
- 2. Analysis of Service and outcome Trends As the data cubes can be updated frequently, the information is timely and accurate. Underneath the data cube lies the original data which can be analyzed for transactional questions such as number of physical therapyvisits provided in first 30 days and whether or not they were timely or exceeded the recommended guidelines. Therefore, appropriateness of a particular service is based on definition and not on technology or database.
- 3. Active and Pro-Active monitoring- The flexibility of the system is that it allows both active and proactive monitoring of facts (outcomes). Active monitoring is based on WEB-EIS and proactive monitoring is based on detail data. So, using WEB-EIS we can monitor unusual trends while using detailed data we can identify unusual cases in terms of occurrence, utilization and cost.
- 4. Applicability to a variety of settings- Once developed, this system will provide powerful tool to the monitors of standard of care (i.e., HbA1c, ophthalmology and podiatry visit for diabetes).